

ANTI-POVERTY GRANTS

Grant investments will be prioritized for whole-family approaches with an emphasis on BIPOC families with minor children. A successful proposal will acknowledge that a child's development and an adult caregiver's needs are interconnected. Successful services must benefit both the child and the adult(s) in their lives.

The complexity of poverty makes it nearly impossible for any single agency to make significant progress alone. Investments will prioritize projects that embrace the spirit of the Collective Impact framework. This simply means acknowledging the importance of collaboration, dedication to shared goals, reducing duplication, and identifying ways to maximize impact.

Proposals must align with one of the United Way's anti-poverty goals: Education, Financial Stability, Health, and Equity. Successful proposals speak to these goals and use local data to inform their approach.

RANGE OF FUNDING

Projects are funded up to \$50,000.

Family Stabilization and Anti-Poverty grants share the same eligibility criteria and application and review processes.

ANTI-POVERTY GRANT APPLICATION

1. Organization Name:

--

2. Organization Information:

Tax ID:	EIN:
Phone number:	Website:
Mailing Address:	
City:	Zip Code:

3. Main Point of Contact Information

Name:	Title:
Phone Number:	Email:

4. Executive Director/CEO Contact Information

Name:	
Phone Number:	Email:

Instructions: Please respond to the questions below as succinctly as possible, with no more than 150-word limit per question recommended.

5. What is your organization's mission and a summary of core programs and services?

6. How does your organization demonstrate diversity, equity and inclusion in practice, including in operations, programs and services? Specifically, how will you implement strategies and measure successful progress toward equity for all at the organizational level?

7. How does your organization integrate trauma awareness in operations, programs and services? Specifically, how will you make progress toward a broad adoption of trauma informed practices?

8. The program or project name for which you are applying for funds:

9. Please succinctly describe the purpose of your program (recommend 50 words or less):

10. What is the shared program goal for which you are applying for funds?

- Education (ex. flexible, equitable and accessible early childhood education)
- Health (ex. Trauma informed, multigenerational family supports)
- Financial Stability (ex. Career pathways & pipelines)
- Equity (ex. Outreach, engagement, or navigations solutions)

11. Who are the populations served by this program? Select all that apply.

- Asian Pacific Islander
- Black/African American
- Indigenous/Native American/Alaskan Native
- Latinx/Hispanic
- Middle Eastern and North African
- LGBTQIA2S+
- Low-income
- Caregivers with young children
- Children from birth to Pre-K
- Children and youth grades K-12
- Young adults 18-25
- Older Adults ages 65+
- People with disabilities
- Individuals and/or families in rural Douglas County
- If not listed above, please specify:

12. Is this program available to residents of every community (city, town and unincorporated township) in Douglas County? Yes No

If no, please briefly explain (50 word limit):

13. Project Description & Activities:

Please succinctly provide (a) a description of your program or project that includes the community need being met, (b) the implementation timeline and activities including activities, and (c) the process for participant engagement, enrollment, or participation. (250 word limit)

14. Outputs:

How many individuals and/or households are anticipated to be served through this program? Please provide any additional outputs that are used for program evaluation.

Individuals Served:		Households Served:		Other Outputs:	
----------------------------	--	---------------------------	--	-----------------------	--

15. Outcome Objectives:

Along with addressing the shared outcome objectives, describe the outcome objectives for your project and your strategies for implementation and measuring progress. List as many as necessary.

Outcome	Strategy for Implementation	Process for Measurement

16. Impact:

What is the intended long-term impact of your program for Douglas County community members? (Recommended 50 words or less)

--

17. Equity Impact:

How will this program result in greater equity for community members who experience income disparities and systemic oppression based on race, ethnicity, or other statuses? (Recommended 50 words or less)

--

BUDGET

Annual Organizational Operating Budget:	
Total UW Funds Requested for Program:	

18. Program Line-Item Budget

Please provide all sources of program funding and all expected expenses in the tables provided below.

Revenue

Please provide all sources of funding for this *project*. For each line item, please note whether it is projected (revenue you hope to raise to support program) or committed (already secured funding).

Revenue Source	Status	Amount
United Way Douglas County	Requested from UW	\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Revenue		\$

Expenses

Please list all expected expenses, grouped into categories. You are welcome to change or add categories listed on the table as needed and appropriate.

Expense	Notes	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Expense		\$

19. Budget narrative (50 word limit). Capacity building and operational expenses are eligible for funding. However, a successful request will address project sustainability in the context of asks for indirect costs.

20. If partial funding is available, can you appropriately scale your project for success? Please note if you choose to withdraw this request if full funding is unavailable.

CERTIFICATIONS

Please check to certify that your organization meets the following United Way funding requirements.

- I certify that this organization (or fiscal sponsor) is a service organization with charitable status under section 501(c)3 providing services to people in Douglas County, Kansas
- I certify that this organization accounts for its funds in accordance with Generally Accepted Accounting Principles.
- I certify that a governing body with at least five members, whose members have no material conflict of interest and serve without compensation, actively directs this organization.
- I certify that we maintain qualified staff, paid or volunteer, who carry out the policies developed and adopted by its Board and who operate under Board-approved personnel policies.
- I certify that all programs are open to eligible persons of all races, ethnicities, sex, religion, national origin, sexual orientation, gender identity, gender expression, (dis)ability, age, or veteran status.
- I certify there are no legal citizenship or religious affiliation requirements for services

ATTACHMENTS

- 1. Current Board of Directors roster, including contact information and term**
- 2. Organizational statement and/or policy of equity, inclusion, diversity, and nondiscrimination**
- 3. Most recent IRS Form 990** *(only required for registered 501c3s with annual operating budgets over \$1m)*
- 4. Most recent financial audit** *(only required for organizations with operating budget over \$1m annually)*
- 5. IRS 501c3 determination letter** *(only required for new United Way grant recipients/fiscal sponsors)*
- 6. Supporting Materials** *(Optional – attach any supporting materials about the program, including marketing, client testimonials, videos, or other supplementary materials. Up to 5 pages.)*